

Name
in
Full

Henrietta Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Still Pond

Town

Kent

County

Date

of death 1905

Month

mch

Day

7

Age

Years

67

Months

Days

Sex

female

Color or
Race

white

Birth-
place

md

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Frank C. Anderson

Father's
Name

Jonathan Gordon

Father's
Birthplace

U. S.

Mother's

Name

Elizabeth Gordon

Mother's
Birthplace

U. S.

Name of person giving
Information

Emma Anderson

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Paralysis.

How long

36 hours.

Immediate

Heart failure.

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

W. S. Maxwell,
Still Pond, Md.

Accident or Suicide?

Still Paid.

Name
in
Full

Francis Barrall

CERTIFICATE OF DEATH

Still Pond

County

MARYLAND

Died at

Date

1905

3

Month

12

Day

Age

34

Years

Months

Days

Sex

Female

Color or
Race

colored

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Richard O. Barrall

Father's
Name

Thomas Redding

Father's
Birthplace

Md.

Mother's
Maiden Name

Don't know

Mother's
BirthplaceName of person giving
information

Husband

How related
to deceased

CAUSES OF DEATH

Primary

Tuberculosis
Tb.

How long

Immediate

How long

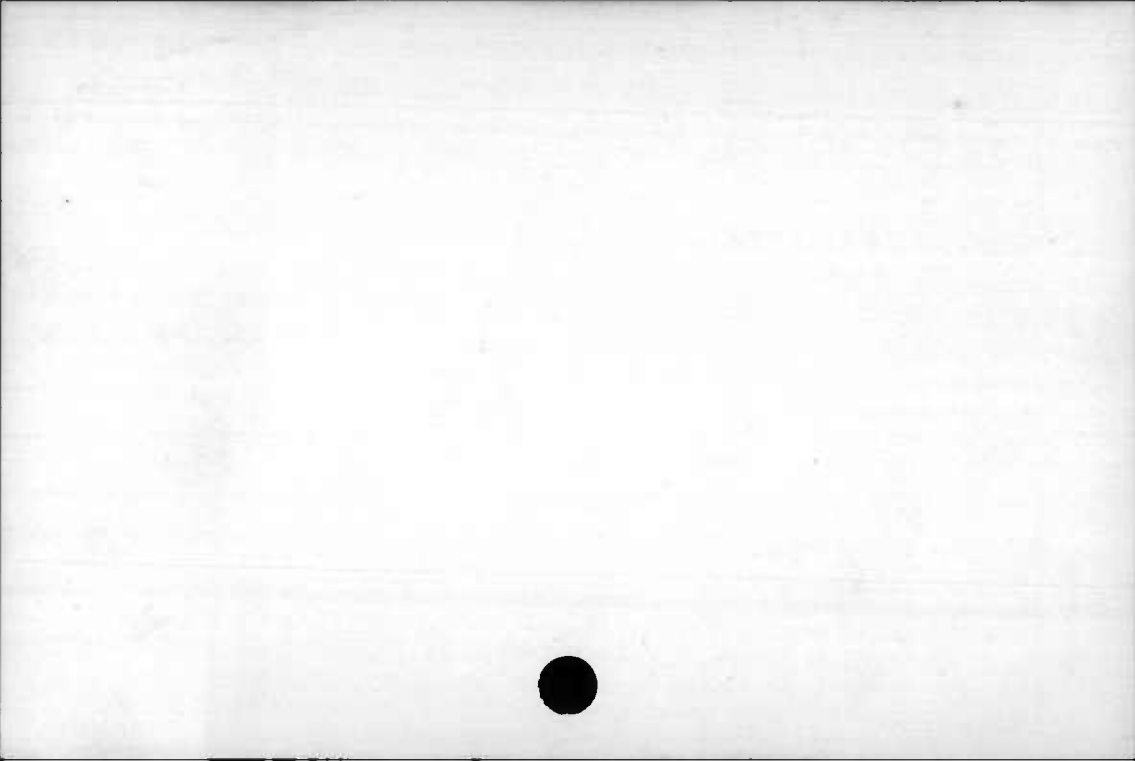
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W.S. Maxwell
Still Pond, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Folk</i>				<i>Kent</i>		MARYLAND			
		Date of death <i>1905</i>		Month <i>March</i>		Day <i>9</i>		Age		Years	
		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Queen Annsboro</i>		Months		Days	
		Occupation <i>Housework</i>				Where Residing if not at place of death <i>At home</i>					
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Saml's Bradshaw</i>							
		Father's Name				Father's Birthplace					
		Mother's Maiden Name				Mother's Birthplace					
		Name of person giving information <i>Saml G Bradshaw</i>				How related to deceased <i>Son</i>					
<div style="text-align: center;">CAUSES OF DEATH</div>											
PHYSICIAN OR CORONER		Primary <i>Septic Haemorrhage</i>				How long <i>One week</i>					
		Immediate <i>Coma</i>				How long <i>4 days</i>					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>C P Gorman M D</i>					
		<i>Yrs</i>				Address <i>Millington Md</i>					
		Accident or Suicide? <i>over</i>									

Age was not Reported

Name in Full

Certificate of Death

John Wesley Briscoe

Died at *new* ^{Town} *Isalena* ^{County} *Kent* MARYLAND

Date 19*05*- ^{Month} *3* ^{Day} *7* Age ^{Y.} *1* ^{M.} *2* ^{D.} *14* Native of *Kent* *lv* Occupation

Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

~~Husband~~
 of
~~Wife~~

Father's Name *L. Fayette Briscoe* Mother's Maiden Name *Margaret E. Anderson*

Cause of Death { Primary *Burn* Immediate } How long sick *2 days* Accident, ~~Self~~ *167*

Reported by

Address

Edward A. H. Otto, M.D.
Isalena, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Arthur William Cannan

CERTIFICATE OF DEATH

Died at *Rock* ^{Town} *Hall**Ken* ^{County}

MARYLAND

Date
of death *1905*Month
*Mar*Day
*16*Years
Age *58*Months
*2*Days
*5*Sex
*Male*Color or
Race *White*Birth-
place *Cecil Co Md*Occupation
*Waterman*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *Lida A. Fogwell*Father's
Name *Robert Cannan*Father's
Birthplace *Cecil Co Md*Mother's
Maiden Name *Annie Belton*Mother's
Birthplace *" "*Name of person giving
In formation *Lida A. Fogwell*How related
to deceased *Wife*

CAUSES OF DEATH

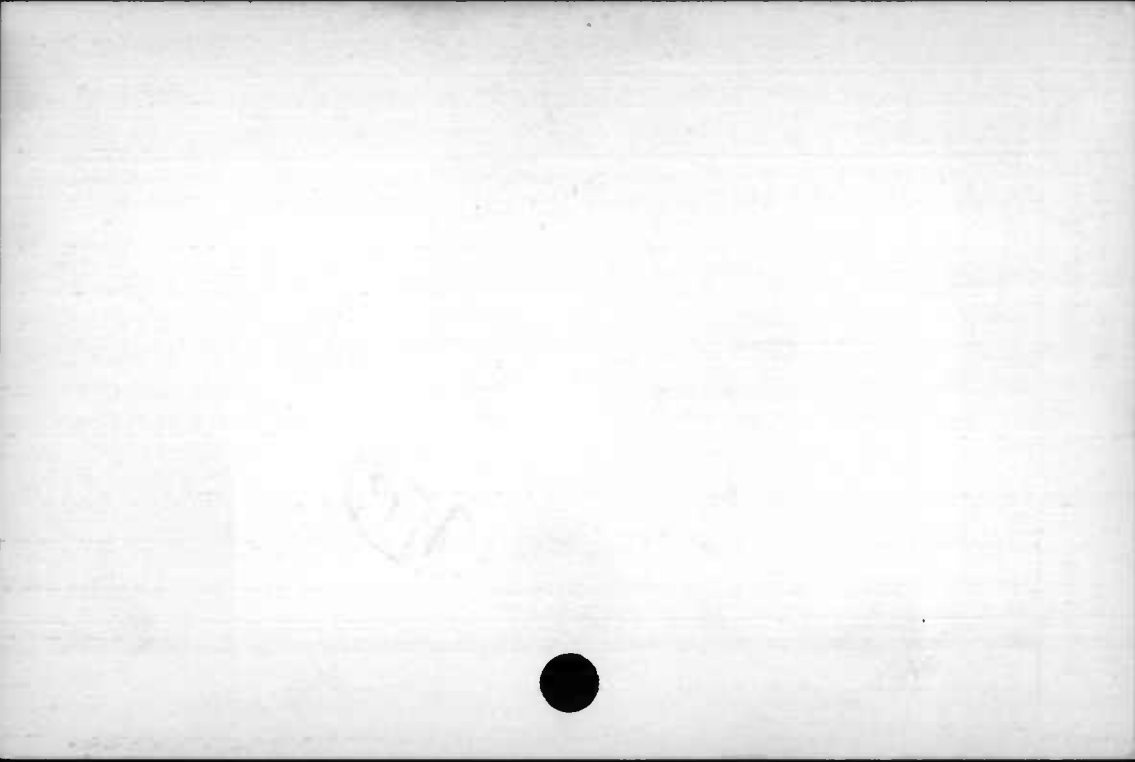
Primary *Heart disease*How long *6 hours*Immediate *Exhaustion*How long *1 1/2 hours*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician

Address

*W. O. Seely M.D.
Rock Hall Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

John Eugene Carter

CERTIFICATE OF DEATH

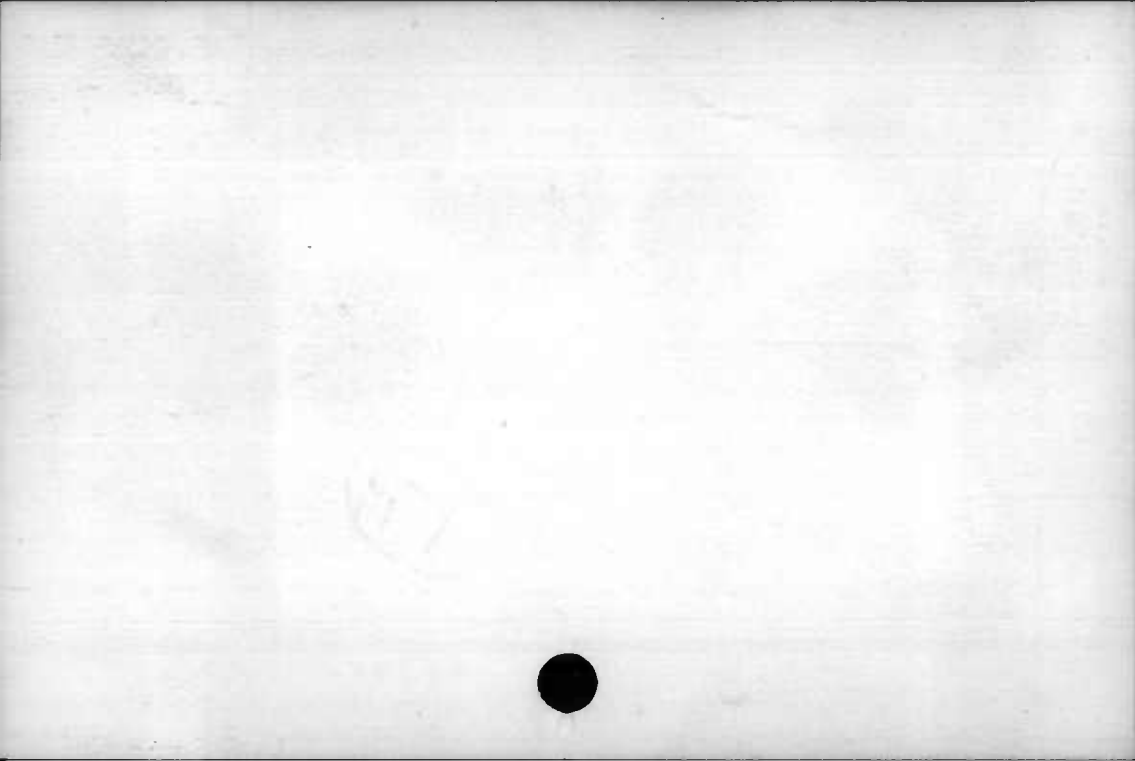
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1905	Mar	22	—	4	—	
Sex	Male		Color or Race	Col		Birth-place	Kent Co
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Wm Carter			Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information			Wm Carter			How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Natural causes	How long	
Immediate	no dr attending	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	109 Sumpers Inc
		Address	Local Board of Health
			Chestertown
Accident or Suicide?			no



Name
in
Full

Norman Casey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lankford</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Mar</i> ^{Month}	<i>20</i> ^{Day}	Age <i>60</i> ^{Years}	<i>14</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>Kent Co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Wm. Casey</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Carrie Black</i>			Mother's Birthplace <i>Kent Co</i>		
Name of person giving information <i>Wm Casey</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Natural cause</i>	How long
<i>No Dr attending</i>	How long
Immediate	

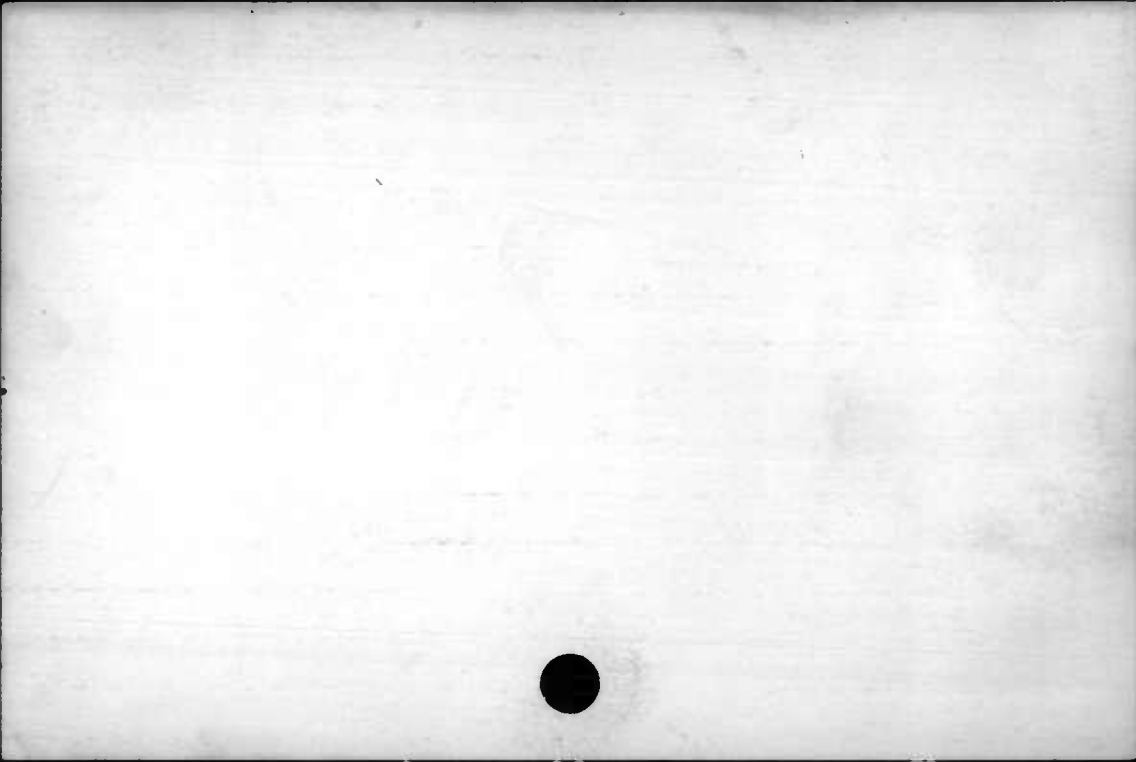
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

H. G. Humphreys Sec
Local Board of Health
Chester town, Md



Lottie Beattie

Died at ^{Town} Davis Hill ^{County} Kent

MARYLAND

Date 1905- ^{Month} 3 ^{Day} 2 ^{Age} ^{Y.} 36 ^{M.} 10 ^{D.} 16 ^{Native of} Maryland ^{Occupation} Housewife

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~

^{Female} ^{Colored} ~~Single~~ ^{Widower} Number of children living 5

~~Husband~~ of Robert Beattie

Wife

Father's Name William Henry Tinch Mother's Name Elizabeth Spencer

Maiden Name

Cause of Death { Primary Confinement 136 How long sick 2 weeks

Immediate Eclampsia, Postpartum Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by Edward A. Scott, M.D.

Address Galena Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Pansy Comegys

MARYLAND

Died at ^{Town} Near Sankford

County Kent

Date of death 1905 ^{Month} March ^{Day} 8Age ^{Years} 2^{Months} 8^{Days} 21

Sex Female

Color or Race Colored

Birth-place Near Sankford.

Occupation

Where Residing if not at place of death Near Sankford

Married, Single or Widowed

Name of Wife or Husband

Father's Name George Comegys

Father's Birthplace Kentlewood

Mother's Maiden Name Mary Bowser

Mother's Birthplace Kentles "

Name of person giving information Gro Comegys

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Most likely ^{acute indigestion} followed by Spasms.

How long 2 weeks

Immediate Spinal paralysis

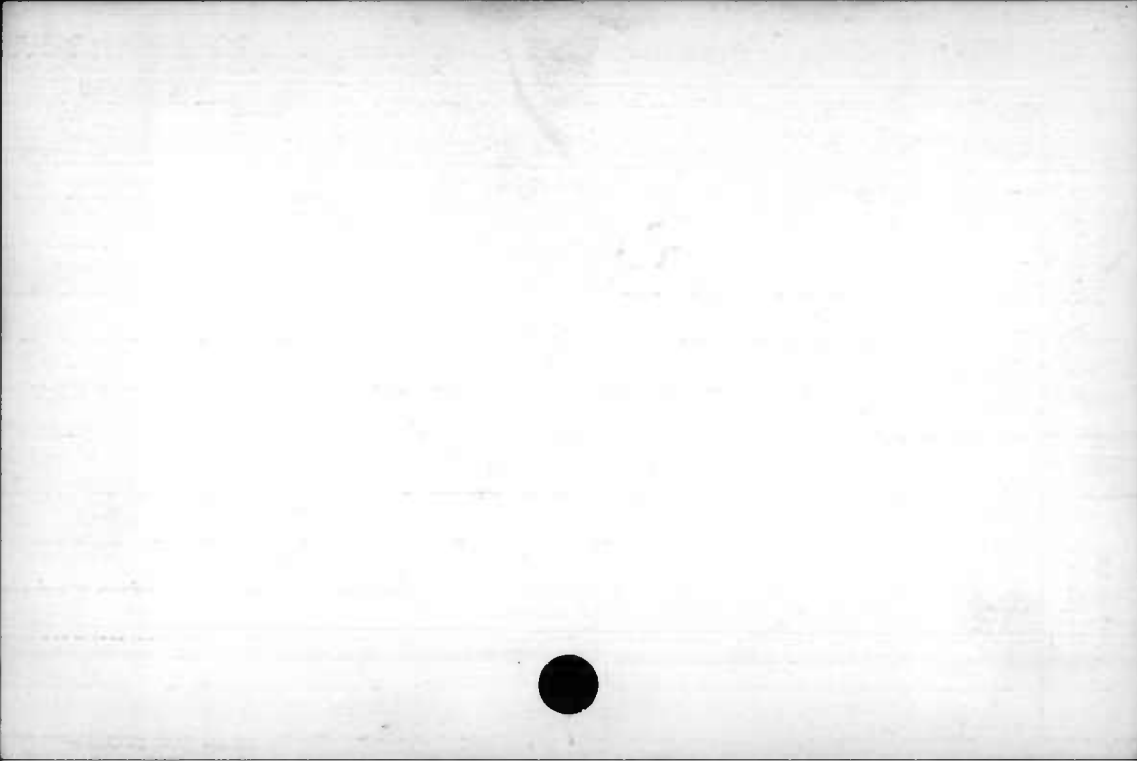
How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. B. Simmons

Address Chesterford Md.

Accident or Suicide? No.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Georgetown Harbor*

County

*Kent*Date
of death *1905*

Month

Mar.

Day

10

Age

Years

49

Months

10

Days

-

Sex

*Female*Color or
Race*Black*Birth-
place*Kent. Co.*

Occupation

*House work*Where Residing if not
at place of death *-*Married, Single
or Widowed*Married*Name of Wife or
Husband*Isaiah Cooper*Father's
Name*Samuel Thompson*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Richard Comegys*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Apoplexy

How long

1 mo.

Immediate

Asthma

How long

*4 mo.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Frank W. Smith*

Address

*Georgetown
Kent. Co.
Md.*

Accident or Suicide?



Name
in
Full

Mrs J. L. L. L.

CERTIFICATE OF DEATH

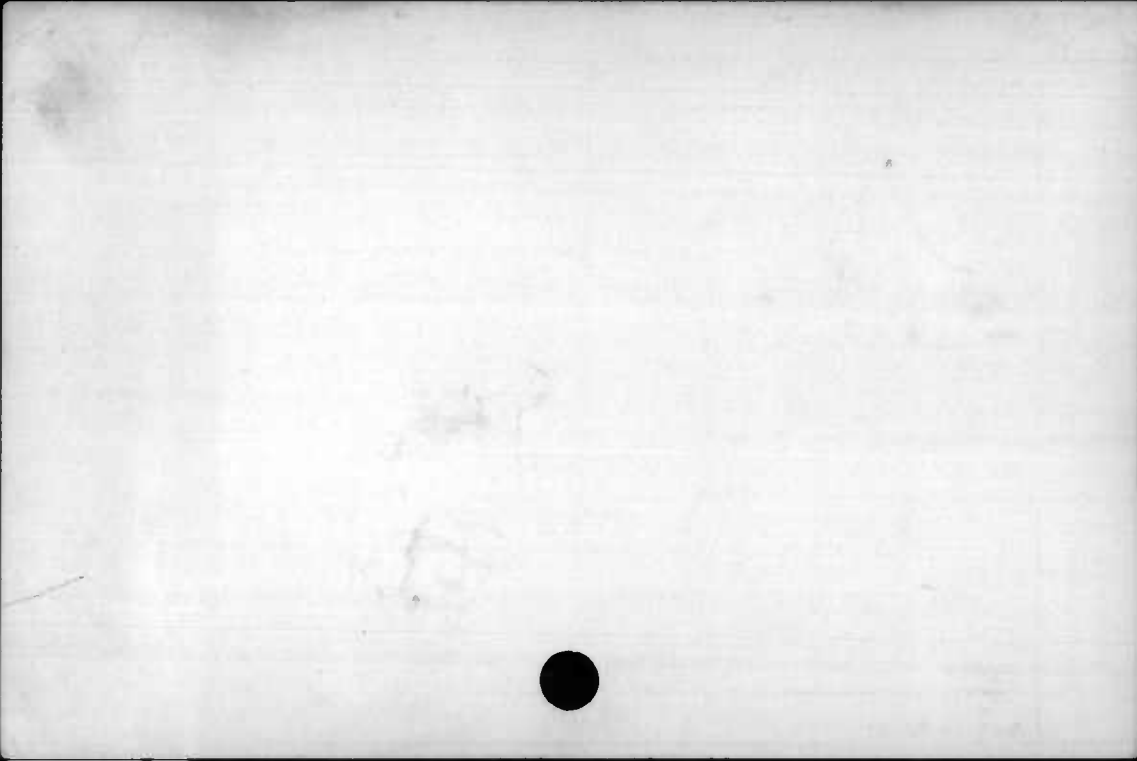
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month	Day	Age	Years	Months	Days
Sex Female		Color or Race		White		Birth-place	
Married, Single or Widowed				Occupation			
Name of Wife or Husband				Laborer			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

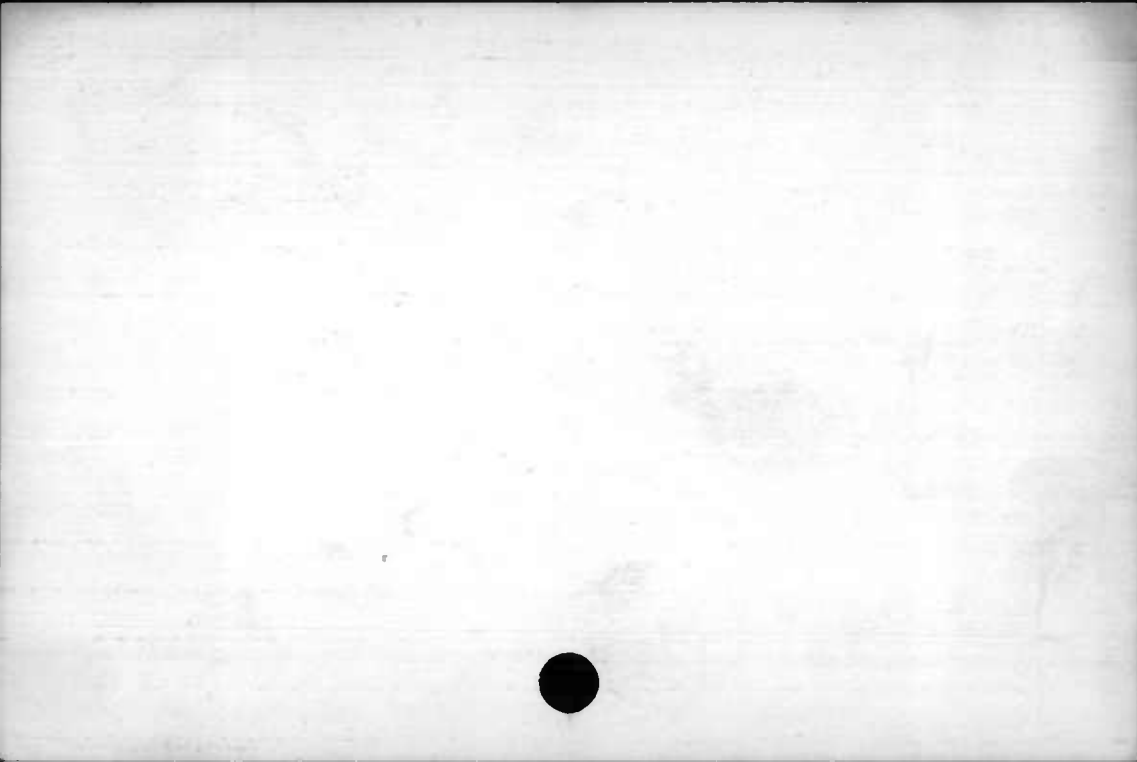
CAUSES OF DEATH

PHYSICIAN
OR CORONER

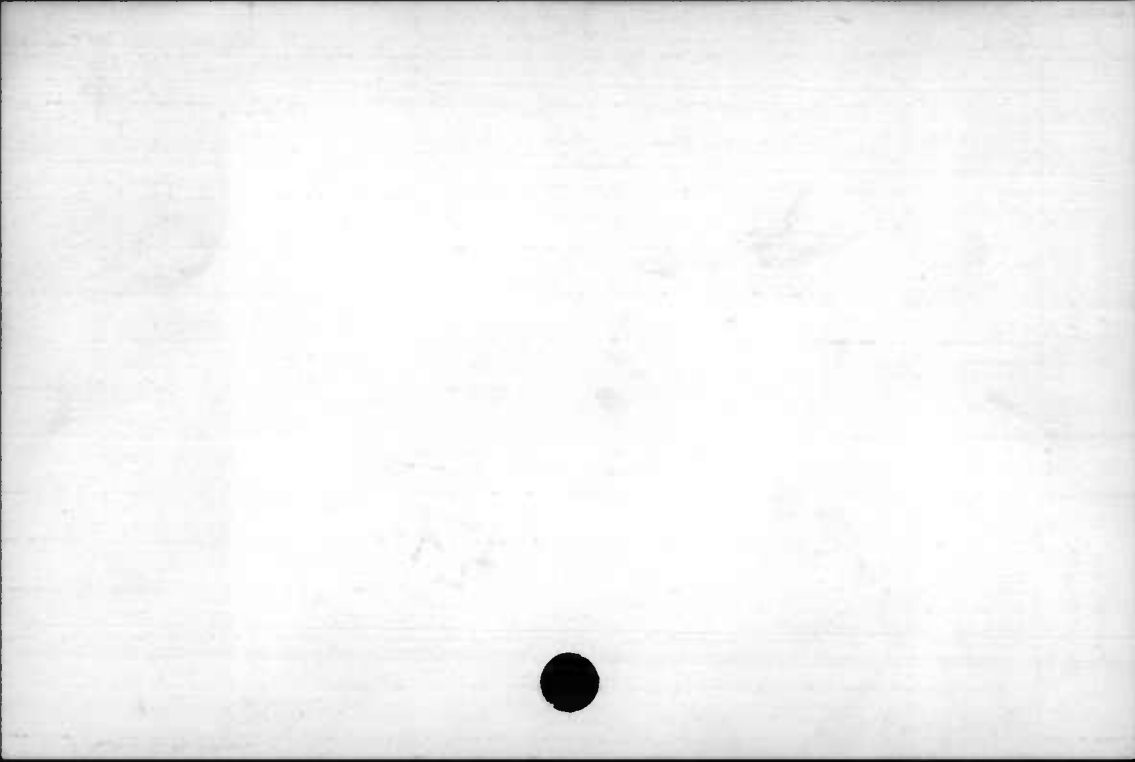
Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name in Full		Louis Garner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Garfield	Kent		MARYLAND	
	Date of death		1905	March	24	Age	79
	Sex		Male	Color or Race		African	Birth-place
	Occupation		Laborer	Where Residing if not at place of death			
	Married, Single or Widowed		Married	Name of Wife or Husband		Lulu Tinsley	
	Father's Name		Louis Garner	Father's Birthplace		Kent Co	
PHYSICIAN OR CORONER	Mother's Maiden Name		Lula (Garner)	Mother's Birthplace		Kent Co	
	Name of person giving information		Lulu Garner	How related to deceased		Wife	
	CAUSES OF DEATH						
	Primary		Nephritis	How long		4 years	
Immediate		Uremia	How long		20 days		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Frank W Smith	
No physician called after death		Address		Garfield		Ind	
Accident or Suicide?							



Name in Full		Lauro H. Faulkner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Quaker, Md. ^{Town}		Kent ^{County}		MARYLAND	
	Date of death		1905	Month Mar	Day 30	Age	23 ^{Years}	Months Days
	Sex		Female		Color or Race		White	
	Occupation		Housewife		Birth- place		Md	
	Where Residing if not at place of death							
	Married, Single or Widowed		Married		Name of Wife or Husband		Milton W Faulkner	
	Father's Name		Robt Harris		Father's Birthplace		Md	
	Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information		Wm L. Faulkner		How related to deceased		Father in law		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long		1 year
	Immediate		Asthma			How long		3 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician		J. G. Simpson
						Address		Chestertown, Md
	Accident or Suicide?		No					



Name
in
Full

Alexandra Ford.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond <small>Town</small>			Hunt <small>County</small>		MARYLAND	
Date of death 1905		Month Mar	Day 4	Age 79	Months -	Days -
Sex male		Color or Race Black		Birth-place md		
Occupation laborer			Where Residing if not at place of death -			
Married, Single or Widowed			Name of Wife or Husband Caroline Hyman			
Father's Name unknown			Father's Birthplace -			
Mother's Maiden Name unknown			Mother's Birthplace -			
Name of person giving information Char Ford			How related to deceased son			

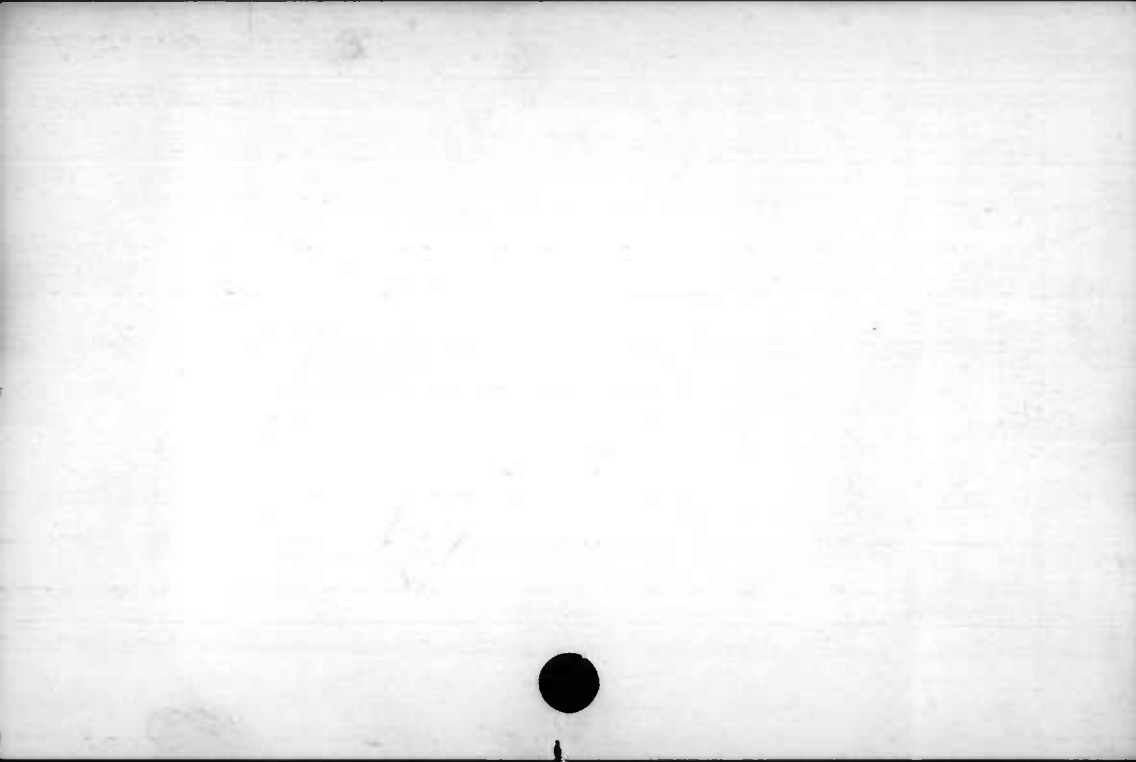
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright disease.	How long	15 months.
Immediate	Heart failure.	How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm. S. Maxwell.	
		Address Still Pond, Md.	
Accident or Suicide?			

Still Pond

Name in Full		James Thomas Frisby				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Trenton, N.J.		County		1 Kent
	Date of death		1905	Month	Mar	Day	19
	Sex		Male		Age		65
	Occupation		Laborer		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband		Sarah Frisby
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information		Chas Frisby		How related to deceased		Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Acute Nephritis		How long		1 month
	Immediate		Uremia		How long		2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. G. Simpkins
	Accident or Suicide?		No		Address		Trenton, N.J.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name <i>Preston A. Garrison</i>		Town <i>Kenndyville</i>		County <i>Kent</i>	
Died at <i>Kenndyville</i>		Month <i>Mar.</i>		Day <i>11</i>	
Date of death <i>1905</i>		Age <i>1</i>		Years <i>1</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth- place <i>Kent Co Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Kenndyville Md</i>		Months <i>8</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Days <i>7</i>	
Father's Name <i>Jerry Garrison</i>		Father's Birthplace <i>Kent Co Md</i>			
Mother's Maiden Name <i>Cora Nichols</i>		Mother's Birthplace <i>Dooton Mass</i>			
Name of person giving In formation <i>Jerry Garrison</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

Primary <i>Bronchitis</i>	How long <i>one week</i>
Immediate <i>Pneumonia</i>	How long <i>3 days</i>

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician

Address

Accident or Suicide? *—*

Fountain Church

Name
in
Full

CERTIFICATE OF DEATH

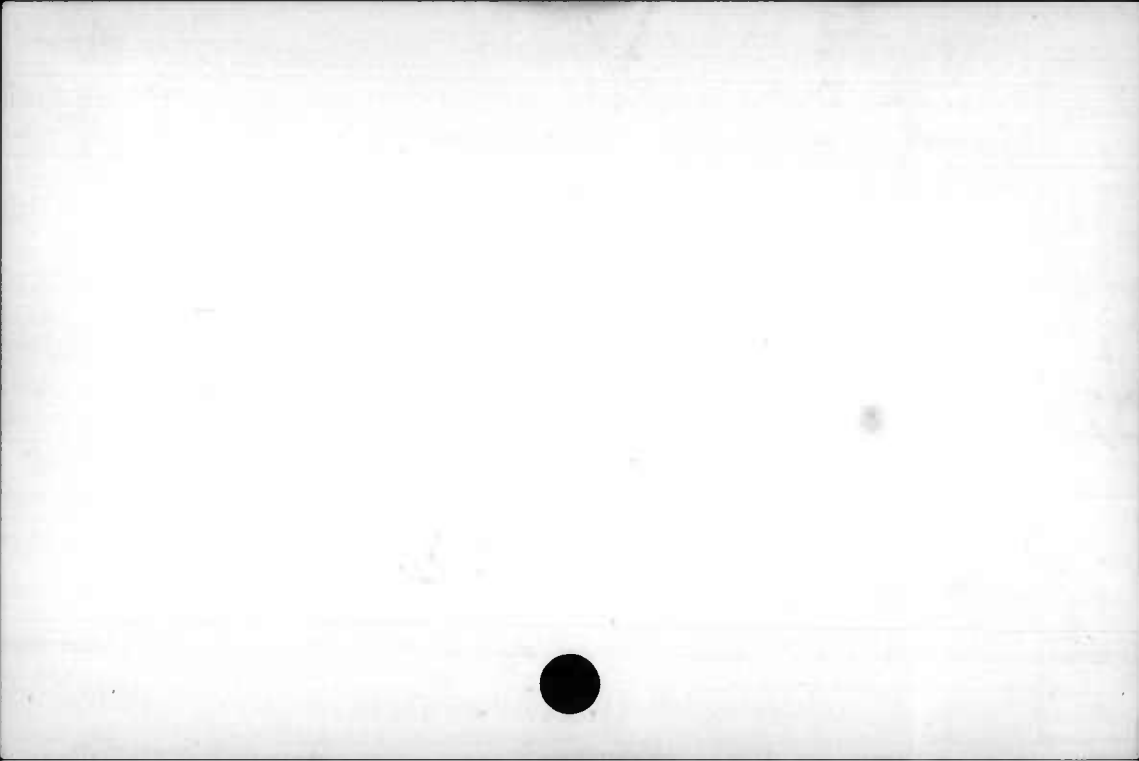
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm R Griffin</i>		Town <i>Massey</i>		County <i>Kent</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>Mar</i>		Day <i>19</i>	
Age <i>7</i>		Years <i>21</i>		Months <i>7</i>		Days <i>21</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Massey Ind.</i>			
Occupation <i></i>				Where Residing if not at place of death <i>Massey Ind.</i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Howard Griffin</i>				Father's Birthplace <i>Church Hill</i>			
Mother's Maiden Name <i>Bessie Harwick</i>				Mother's Birthplace <i>Massey Ind.</i>			
Name of person giving Information <i>M. P. D. R. M.</i>				How related to deceased <i>Parents</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Spasm</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Howard Griffin</i>
	Address <i>Massey Ind.</i>
Accident or Suicide? <i></i>	



Name in Full Joseph Hynson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Still Pond Creek		County Hent
	Town		
	MAYLAND		
	Date of death 1905	Month Mar	Day 2
	Age 60		Months -
	Days -		
	Sex male	Color or Race Black	Birth- place md
Occupation Laborer		Where Residing if not at place of death - -	
Married, Single or Widowed married	Name of Wife or Husband Augusta Wilson		
Father's Name Unknown	Father's Birthplace		
Mother's Maiden Name Unknown	Mother's Birthplace		
Name of person giving In formation Joseph Hynson	How related to deceased Son.		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary		How long
	Immediate Pneumonia		How long
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Lewis P. Atwell
			Address Still Pond md
	Accident or Suicide?		

Coleman

9

157

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Christchurch</i>		Town		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>March</i>	Day	<i>6</i>	Age	<i>75</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birthplace	<i>Md.</i>
Occupation	<i>None-Retired</i>		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Jane Lambert</i>						
Father's Name	<i>William H. Lambert</i>					Father's Birthplace	
Mother's Maiden Name	<i>Deborah Haddaway</i>					Mother's Birthplace	
Name of person giving information	<i>Self</i>					How related to deceased	<i>2nd Cousin</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>126</i> years
Immediate	<i>Nemia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. L. Doad</i>
		Address	<i>Christchurch, Md.</i>
Accident or Suicide?			

Chester Cemetery
John H. Todd,
Undertaker.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Louisa McCourt*

Died at *Chestertown* Town *Kent* County

Date of death 190 *6* Month *Mar.* Day *7th.* Age *69* Years Months *1* Days *2*

Sex *female* Color or Race *White* Birth-place *Kent Co*

Married, Single or Widowed *Widowed* Occupation *Not employed*

Name of Wife or Husband

Father's Name *Arthur M. Merrick* Father's Birthplace *Kent Co*

Mother's Maiden Name *Julia Anna Hewark* Mother's Birthplace *England*

Name of person giving information *Floresa McCourt* How related to deceased *Daughter.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *3 years.*

Immediate *Gangrene of foot* How long *6 months.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. B. B. Simmons*

Address *Chestertown Md*

Accident or Suicide?

Interment in Chester Cemetery
John W. Dodd
Undertaker

Name
in
Full

Thomas Sylvester Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Charleston* Town *1 Kent* County

MARYLAND

Date of death 190 *J* Month *3* Day *26* Age Years Months *9* Days *26*Sex *Male* Color or Race *White* Birth-place *Charleston Ws*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name *Thomas Sylvester Matthews*Father's Birthplace *Wd*Mother's Maiden Name *Marcia Kirk*Mother's Birthplace *Wd*Name of person giving information *James Foster Kirk*How related to deceased *son Foster*

CAUSES OF DEATH

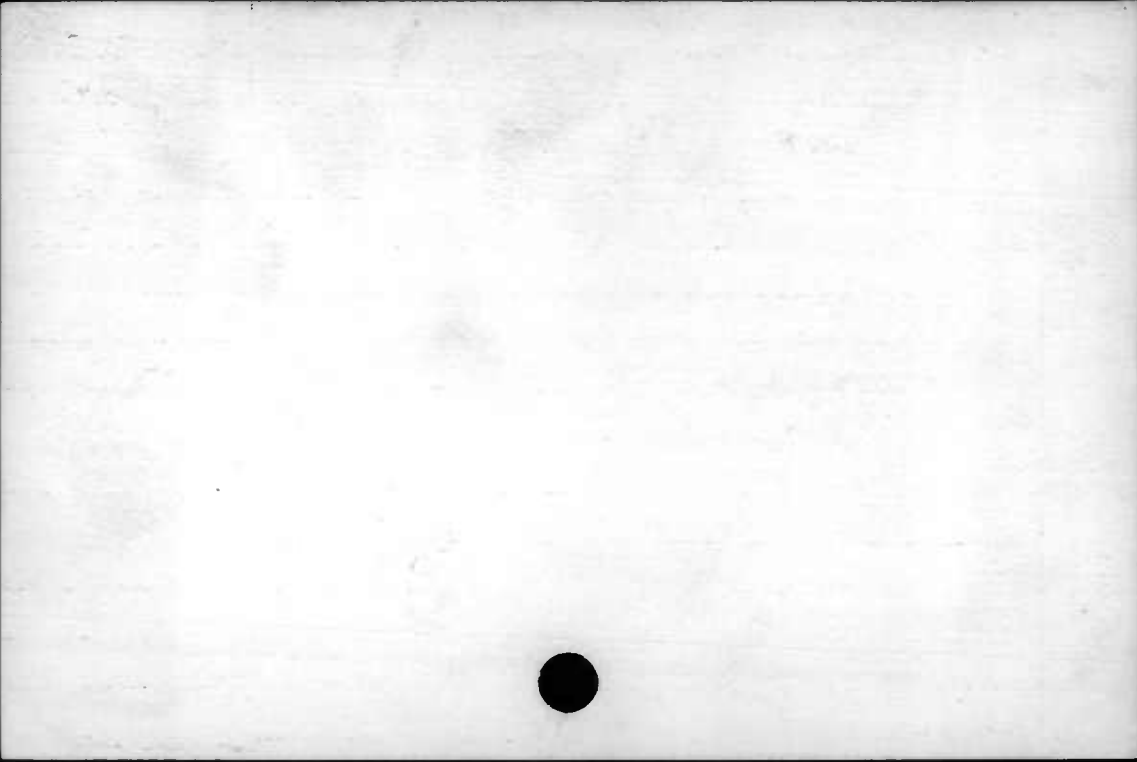
Primary *Meningitis*How long *8 days*Immediate *Cerebral*How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

H. Frank O'Brien
Charleston Ws

Accident or Suicide? _____



Name
in
Full

Mollie Georgiana Miller

CERTIFICATE OF DEATH

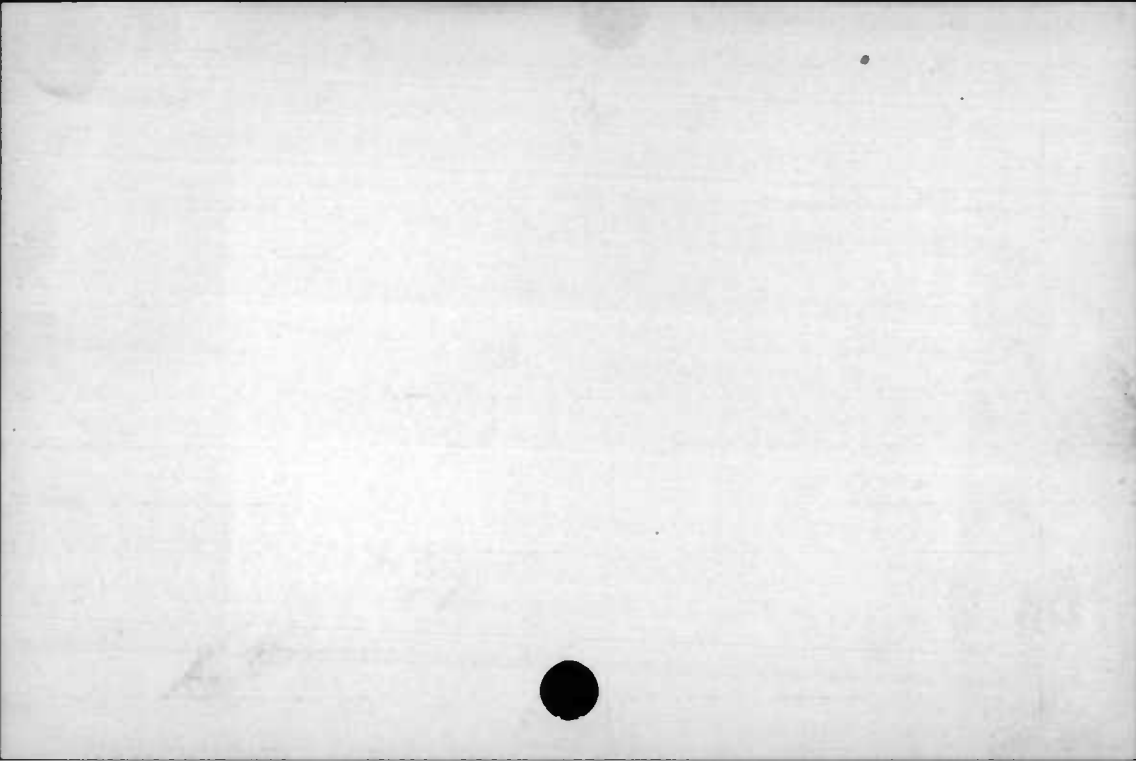
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Hall</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Mar</i>	Day <i>27</i>	Age <i>66</i>	Months <i>9</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>William M Miller</i>					
Father's Name <i>George L Maslin</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Jane E. Coffey</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Marion J. Miller</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>One year</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. O. Sney Sr. M. D.</i>
	Address <i>Rock Hall Kent Co.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Mitchell

MARYLAND

Died at ^{near} ^{Town} ^{Kennedypville}County ^{Kent}

Date of death 1905 Mar

Day 17

Age 70

Months

Days

Sex male

Color or Race

Black

Birth-place

Virginia

Occupation

Laborer

Where Residing if not at place of death

near Kennedypville Md

Married, Single or Widowed

married

Name of Wife or Husband

Mary Mitchell

Father's Name

Don't know

Father's Birthplace

Virginia

Mother's Maiden Name

Don't know

Mother's Birthplace

Virginia

Name of person giving information

Mary Mitchell

How related to deceased

wife

CAUSES OF DEATH

Primary

Grip.

How long

2 months

Immediate

Exhaustion & heart failure

How long

one week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. I. Barrick

Address

Kennedypville Md

Accident or Suicide?

Fontaine Church-

Name
in
Full

Clara Adell Moffett

CERTIFICATE OF DEATH

Died at ^{Town} Chestertown^{County} Kent

MARYLAND

Date of death 1905 ^{Month} Mar ^{Day} 30 ^{Age} ^{Years} 4 ^{Months} 5 ^{Days} 19Sex Female ^{Color or Race} White ^{Birth-place} PaOccupation Housewife ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Robert Moffett^{Father's Name} William Baldwin ^{Father's Birthplace} Pa^{Mother's Maiden Name} Rachel S. Haigh ^{Mother's Birthplace} Pa^{Name of person giving information} Emma Baldwin ^{How related to deceased} Sister

CAUSES OF DEATH

^{Primary} Chronic interstitial nephritis ^{How long} Several years^{Immediate} Uremic convulsions, coma ^{How long} 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

^{Signature of Physician}^{Address}

Accident or Suicide?

No

J. G. Surges
Chestertown
MdTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Matthi Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

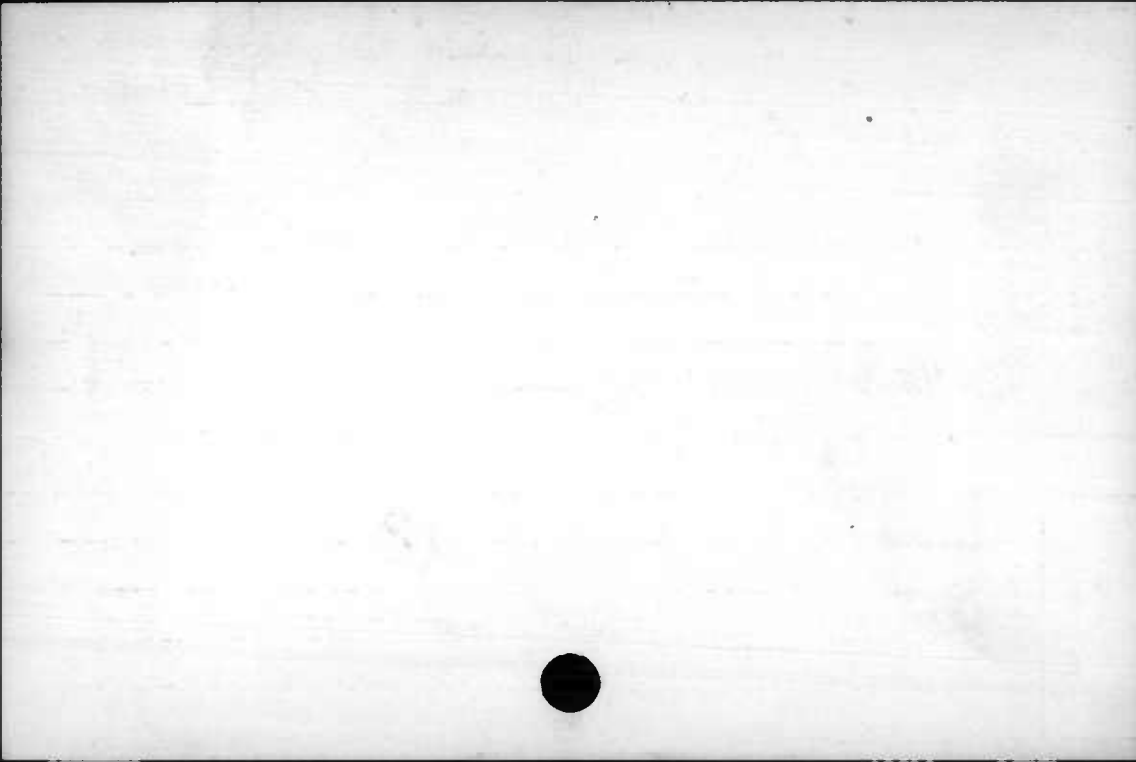
Died at <i>Masson</i> Town		<i>Knap</i> County		MARYLAND	
Date of death	<i>1905-3</i> Month	<i>4</i> Day	Age	<i>30</i> Years	Months Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housewife</i>		Where Residing if not at place of death	<i>Masson</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>90</i>
Immediate	<i>Same</i>	How long	<i>Quick</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes.</i>		Address	
Accident or Suicide?		<i>No</i>	

W. O. O'Connell
Trilling Co.



Name
in
Full

William Riley

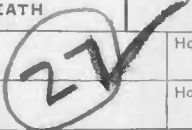
CERTIFICATE OF DEATH

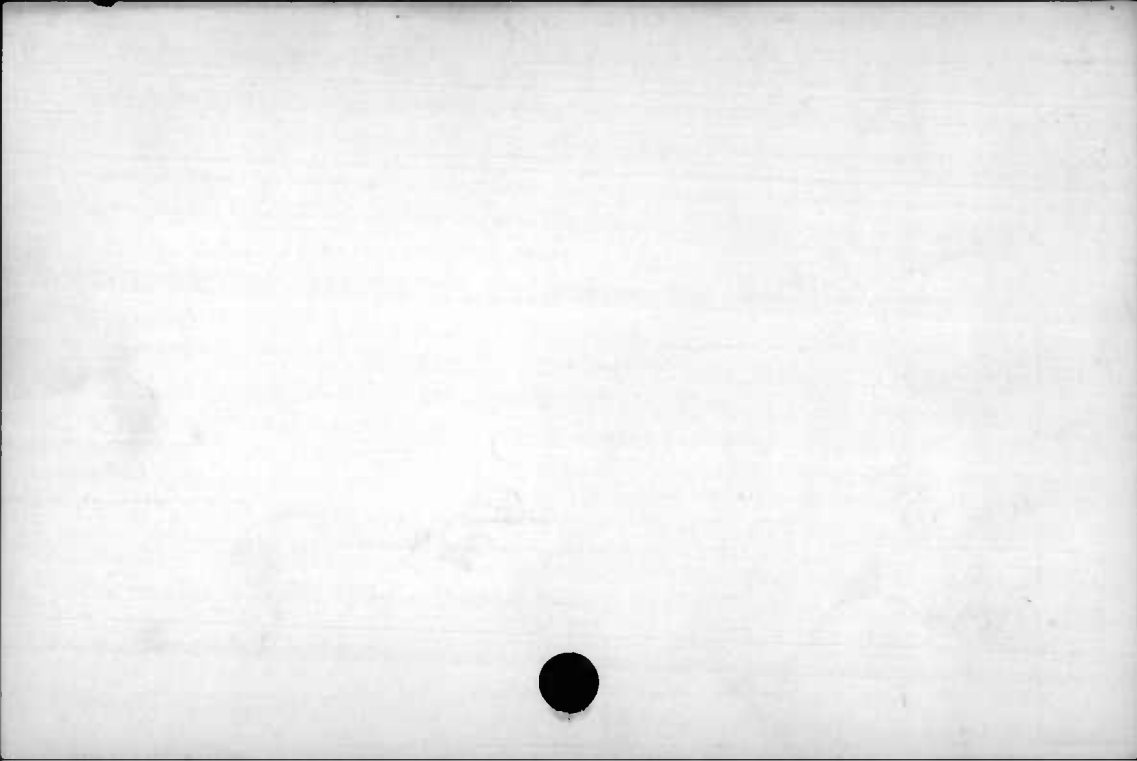
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Worton		County Kent		MARYLAND	
Date of death 1905	Month mch.	Day 27	Age 52	Years		Months	Days
Sex male		Color or Race col		Birth- place Kent Co Md			
Married, Single or Widowed married			Occupation Laborer				
Name of Wife or Husband Harriet Thompson							
Father's Name Don't know				Father's Birthplace Don't know			
Mother's Maiden Name Harriet Riley				Mother's Birthplace Don't know			
Name of person giving In formation Harriet Riley				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate Tuberculosis		How long 3 years
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John H. Messy
		Address Hanesville Md
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

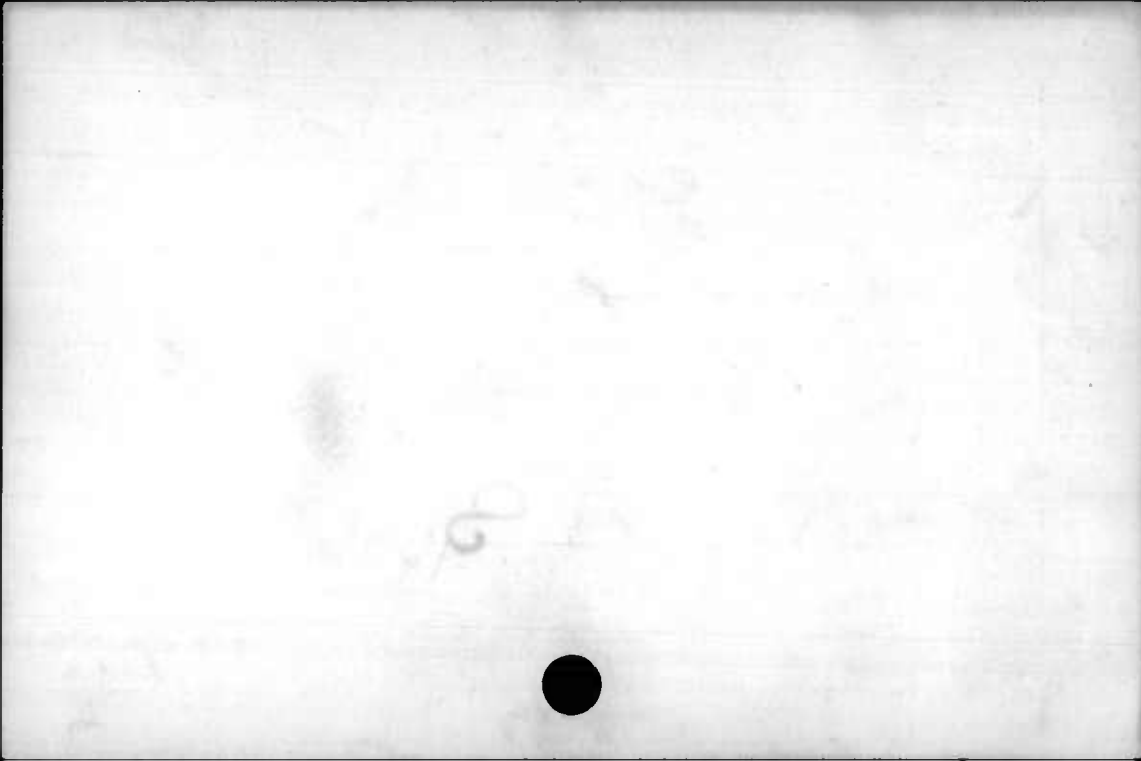
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Salma</i> ^{Town}		<i>Scott</i> ^{County}		MARYLAND	
Date of death 1905	3 ^{Month}	24 ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex		Color or Race <i>col</i>		Birth-place <i>Lower Branch</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Emma Scott.</i>			
Father's Name <i>Hessie Scott</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Emma Hackelt</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Hessie Scott</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>x Dead Born</i>	<i>S.</i>	How long <i>x</i>
Immediate	<i>Widow's</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>x Emma Wimore</i>	Address <i>—</i>
Accident or Suicide?		



Name
in
Full

Mary Moore Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


Died at		Town Edgarville		County Kent Co.		MARYLAND	
Date of death		1905	Month March	Day 8 th	Age 92	Months 5	Days 23
Sex Female		Color or Race White		Birth-place Kent Co. Del.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband John Smith					
Father's Name Andrew Moore		Father's Birthplace Kent Co. Del.					
Mother's Maiden Name Hannah Whitaker		Mother's Birthplace Kent Co. Del.					
Name of person giving information Mary C. DeLoe		How related to deceased Daughter					

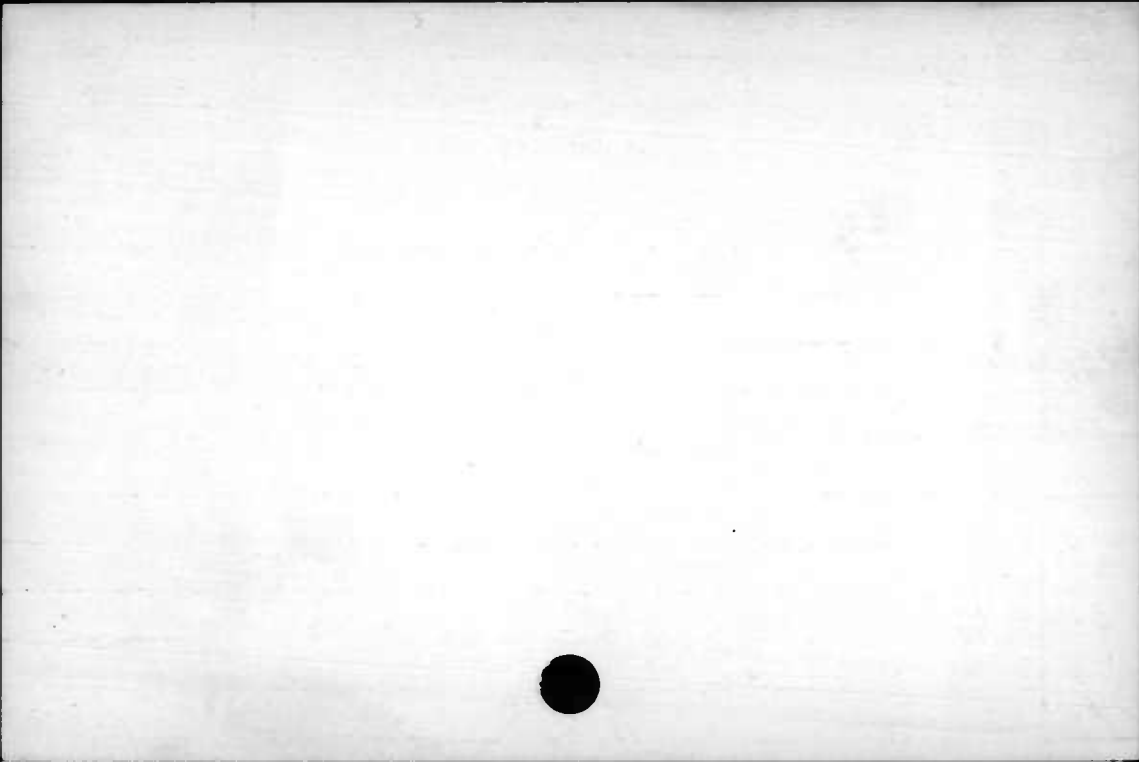
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	How long	154	154 yrs.
Immediate	Exhaustion	How long		154 sit hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		R. H. Beall M.D.		
Address		Rock Hall Md.		
Accident or Suicide?				

Centerville Cemetery
" Queen Anne Co. Md
John W. Dodd
Undertaker.

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Shopton</i>		Town <i>Kent</i>		County
	Date of death <i>1905</i>		Month <i>March</i>	Day <i>29</i>	Age <i>one</i>
	Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Kent, Co Md</i>
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <i>Robert Surco</i>		Father's Birthplace <i>Kent Co Md</i>		
	Mother's Maiden Name <i>Ida Brookins</i>		Mother's Birthplace <i>" "</i>		
	Name of person giving information <i>Father</i>		How related to deceased		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Infection</i>		How long <i>15 1/2</i>		How long <i>6 months</i>
	Immediate <i>Exhaustion</i>				How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Beall M.D.</i>		
			Address 		
Accident or Suicide?					



Name
in
Full

Maria Sutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Kennedysville* TownCounty *Kent*

MARYLAND

Date of death *1905* Month *Mar*Day *28*Age *87* Years

Months

Days

Sex *Female*Color or
Race*white*Birth-
place*Maryland*

Occupation

*Housewife*Where Residing if not
at place of death*Kennedysville*Married, Single
or Widowed*widow*Name of Wife or
Husband*Jacob Sutton*Father's
Name*Cornelius Price*Father's
Birthplace*Maryland*Mother's
Maiden Name*Angelina Price*Mother's
Birthplace*Delaware*Name of person giving
information*Wm. Louis Muddis*How related
to deceased*daughter*

CAUSES OF DEATH

Primary

General debility of old age

How long

one year

Immediate

Exhaustion

How long

*5 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*E. L. Darwich*

Address

*Kennedysville
Md.*

Accident or Suicide?

Still Pond

Name
in
Full

Still Born

CERTIFICATE OF DEATH

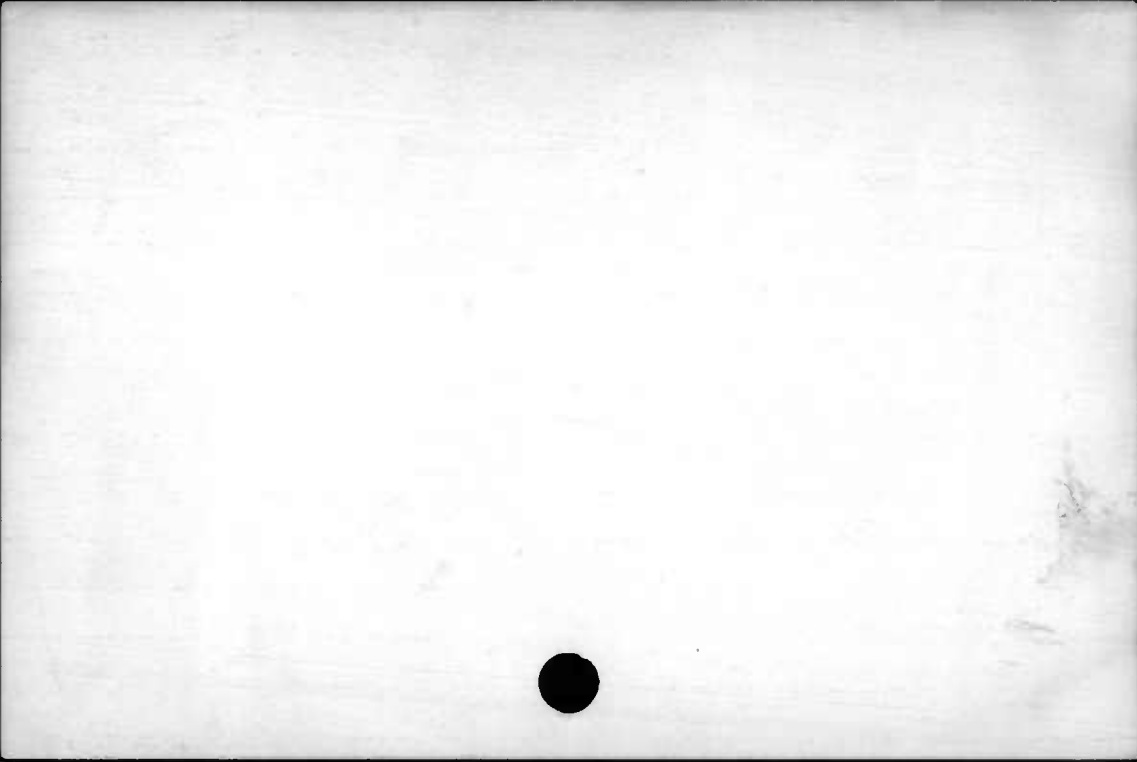
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Hall</i>		Town <i>Kent</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Mar</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Rock Hall Md</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Joseph M Taylor</i>			Father's Birthplace <i>Kent Co Md</i>				
Mother's Maiden Name <i>Eva E Thomas</i>			Mother's Birthplace <i>Kent Co Md</i>				
Name of person giving information <i>Joseph M Taylor</i>			How related to deceased <i>Farther</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr A Seely</i>
	Address <i>Rock Hall Kent Co</i>
Accident or Suicide? <i>—</i>	



Name in Full Augusta Ann Thompson		CERTIFICATE OF DEATH	
Died at Donora Town		Kent County	
Date of death 1905 Mar. Month		30 Day	
Age 77 Years		1 Months 7 Days	
Sex Female	Color or Race White	Birth-place Baltimore	
Married, Single or Widowed Widowed		Occupation Unemployed.	
Name of Wife or Husband Widow of Jas B Thompson			
Father's Name John T. Robinson		Father's Birthplace Phila Pa	
Mother's Maiden Name Elizabeth Greenwood		Mother's Birthplace Kent Co	
Name of person giving information Sam H. Brown		How related to deceased Son in law	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Age.	How long 154	7 years.
	Immediate Catastroph of intestines	How long 6	months.
	Are the name, age, sex, color, date and place correctly given above? Yks	Signature of Physician H. Brange Annuas	
		Address Chester Town md	
Accident or Suicide? no.			

Bond Chapple Cemetery
John W. Dodd
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full *Mary Townsend*Died at *Mary* ^{Town} *Kennedysville*County *Kent*Date of death *1905* ^{Month} *Mar.*Day *24*Age *1* ^{Years}Months *11*

Days

Sex *Female*Color or Race *Black*Birth-place *Kent Co Md*Occupation *—*Where Residing if not
at place of death *Mary Kennedysville Md*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's Name *George C. Townsend*Father's Birthplace *Kent Co Md*Mother's Maiden Name *Annie Stirling*Mother's Birthplace *Kent Co Md*Name of person giving
In formation *Geo. C. Townsend*How related
to deceased *father*

CAUSES OF DEATH

Primary *Bronchitis*How long *92* *one week*Immediate *Pneumonia*How long *3 days*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *S I Barnes*Address *Kennedysville*
*Md*Accident or Suicide? *—*

Still Pond

Name
in
Full

Chas Turner

CERTIFICATE OF DEATH

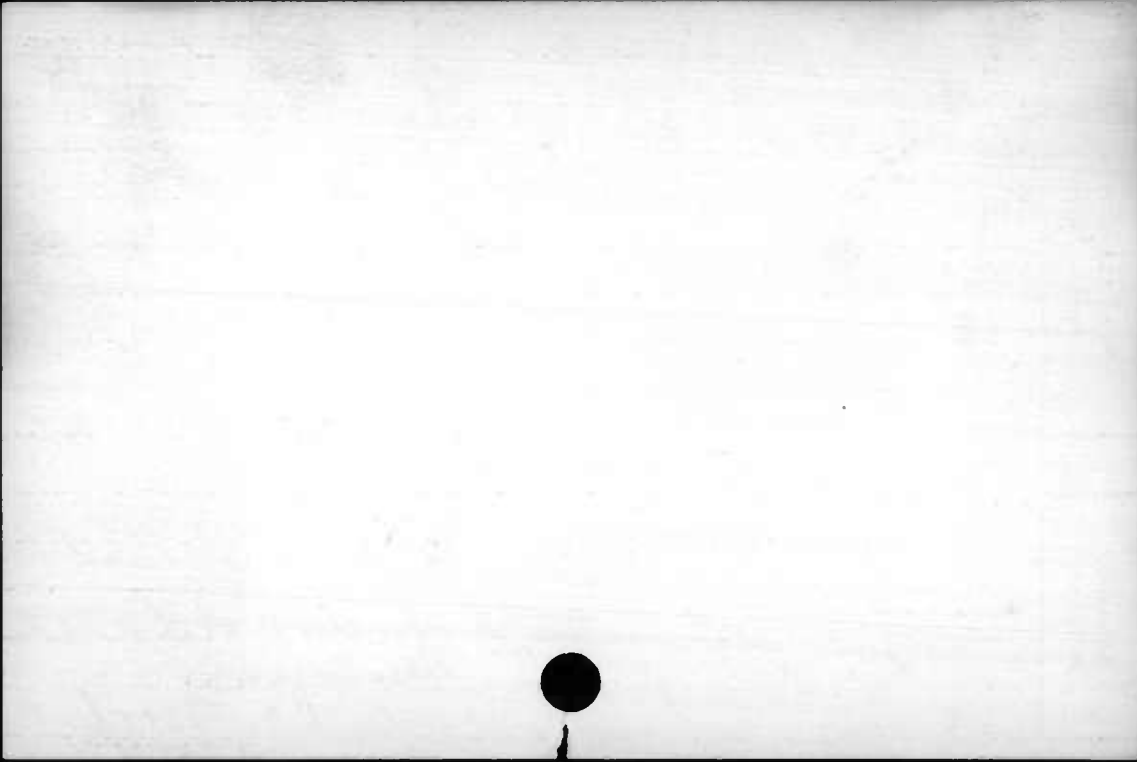
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Chestertown		^{County} Kent		MARYLAND	
Date of death	1905	Month	Mar	Day	12
Age		Years	—	Months	10
Sex		Male	Color or Race	Col	Birth-place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Chas. Turner		Father's Birthplace	
Mother's Maiden Name		Gertrude Brown		Mother's Birthplace	
Name of person giving information		Chas Turner		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	No Dr. attending	How long	
Immediate	Cerebral hemorrhage	How long	4 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. C. [unclear] Sec.
		Address	Local Board of Health
			Chestertown
Accident or Suicide?	No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Francis R Turner

Town

County

MARYLAND

Died at

Pomona

Kent-

Date

Month

Day

Years

Months

Days

of death 1905-March

Age

63

3

4

Sex

Male

Color or
Race

Black

Birth-
place

Baltimore

Occupation

Turner

Where Residing if not
at place of death

Pomona Kent-co.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Amanda Turner

Father's
Name

Harry Turner

Father's
Birthplace

Baltimore, Md.

Mother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Charles H. Turner

How related
to deceased

Son

CAUSES OF DEATH

Primary

Phrenoma

How long

Two weeks

Immediate

Constriction of Lungs

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

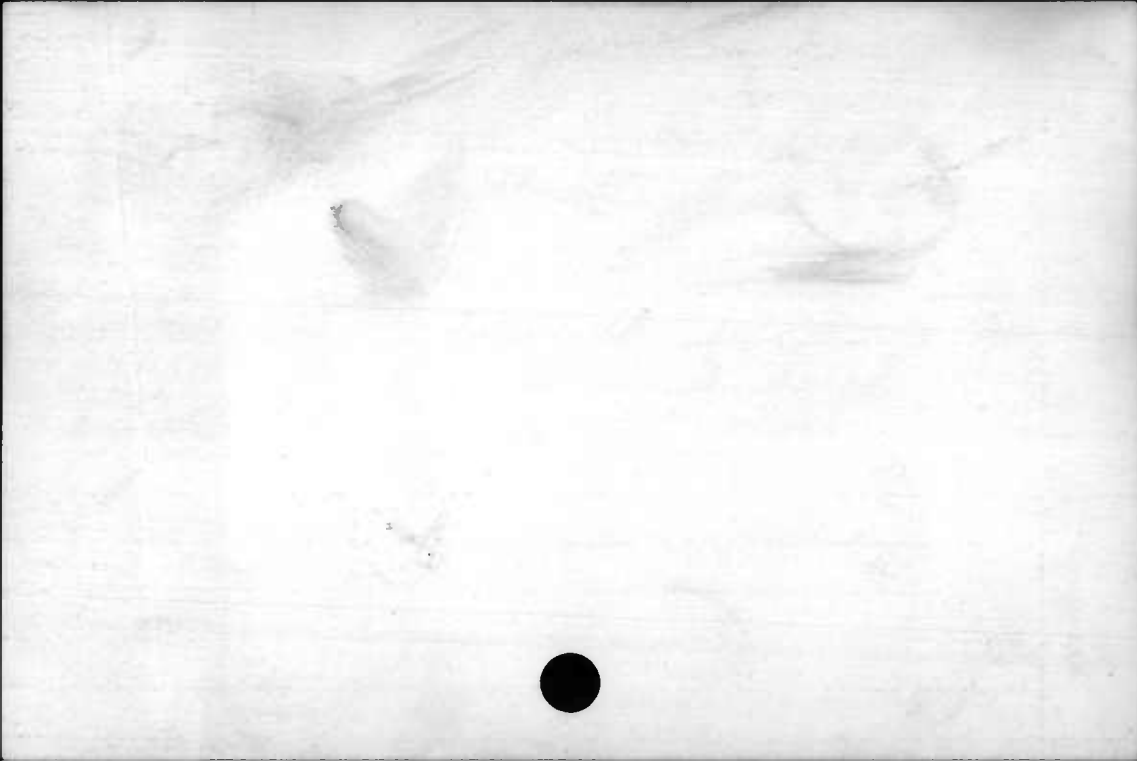
Address

J. E. Saunders M.D.

Pomona

Kent-co Md

Accident or Suicide?



Name in Full		Alexandra Wright				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Still Pond	County Kent		MARYLAND		
		Date of death		1905	Month mch	Day 10	Age 41	Months —	
		Sex		male		Color or Race	black		
		Occupation		Laborer		Birth-place	md		
						Where Residing if not at place of death		—	
		Married, Single or Widowed		married		Name of Wife or Husband		Wilhelmina W. Innes	
		Father's Name		Alexandra Wright		Father's Birthplace		md	
Mother's Maiden Name		Sarah R. Wilson		Mother's Birthplace		md			
Name of person giving information		Louis Johnston		How related to deceased		Friend			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Cancer of Pylorus.		How long	2 yrs.		
		Immediate		Heart failure.		How long			
		Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician			
						Address			
		Accident or Suicide?				W.S. Maxwell, Still Pond, Md.			

Still Pond

Name
in
Full

Ella Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Chestertown^{County} Kent

Date of death 1905 Mar

Day 8

Age Years

Months

Days 4

Sex Female

Color or Race

Col

Birth-place

Chestertown

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Alfred Wright

Father's Birthplace

D. A. Co

Mother's Maiden Name

Martha Griffin

Mother's Birthplace

Kent Co

Name of person giving information

Martha J Griffin

How related to deceased

Grandmother

CAUSES OF DEATH

Primary

How long

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. G. Simpson

Chestertown, Md

Accident or Suicide?

No

PHYSICIAN
OR CORONER

